Property Tax Input-Output File Format Requirements

Issued January 2006

Data Transmission Instructions

This file format should be used to submit data beginning in Pay 2010

Data Format Instructions

- 1 Each file must have a header record and a trailer record in the exact specified format with "FILENAME" and "TRAILER" in uppercase.
- 2 All fields are fixed length.
- 3 Left justify all alphanumeric fields.
- 4 All numeric fields must have leading zeros if field value does not utilize all available spaces.
- 5 Assume no decimal precision for all numeric fields without format clarification.
- 6 All decimal precision is implied. For example, for format 3.2, send 12345. It will be read as "123.45".
- 7 Yes/No fields must have 'Y' or 'N.'
- 8 All date fields must be in mm/dd/yyyy format.
- 9 All fields which reference a Code List should contain a value from the lists provided in 'Code Lists for Required Data' of this document.
- 10 Place a negative sign "-" at the far left of the field for all negative numbers.
- 11 Note all format requirements specified at the field level.
- 12 When capturing data other than values specified in the code lists, please send the most appropriate item included in the code list.

Submission Instructions

- 1 The submission must include data for the entire county. Each file must include all data for all townships.
- 2 Data must be submitted on CD-Rom or by email.
- 3 Send CD-Rom to: OR Email to:

Department of Local Government Finance 100 N. Senate Ave., N-1058(B) Indianapolis IN 46204 Attention: Brenda Dudley DATA@DLGF.IN.GOV

4 The State will validate that your data submission meets the defined file structure format. In the event that your data submission does not meet the required standards, you will be notified of non-compliance issues and asked to resubmit your data.

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Code Lists for Required Data

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	CODE LIST 1 - Unit Type Codes									
Code	Value									
0	STATE									
1	COUNTY									
2	TOWNSHIP									
3	CITY/TOWN									
4	SCHOOL									
5	LIBRARY									
6	SPECIAL UNIT									
7	CONSERVANCY									
8	TAX INCREMENT REPLACEMENT									

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Tax Adjustment Board Tax Rates

This file format should be used to submit data beginning in Pay 2010

HEADER RECORD (the first record in each file)

Column	Start	End	Length	Type	Comments/Format
FileName	1	18	18	Α	Filename (eg "FILENAME:TABRATES")
County Number	19	35	17	Α	2 digit County Number (eg "County Number: 09")
County Description	36	75	40	Α	County Name (eg "County Description: CASS COUNTY "
File Format ID	76	96	21	Α	"File Format ID: 2006A"
					Name of person in county to contact regarding submittal (eg
County Contact Name	97	136	40	Α	"County Contact Name Robert Smith "
					Phone number of Contact person (eg "County Contact Phone: 555-
County Contact Phone Number	137	176	40		555-5555 "
File Create Date	177	206	30	Α	mm/dd/yy format (eg File Create Date: 03/03/2005"
File Create Time	207	228	22	Α	eg "File Create Time: 1400"
Pay Year	229	242	14		eg "Pay Year: 2006"
					eg "Transmission Description: Preliminary Data Submission - Test
Transmission Description	243	342	100	Α	n .

TAB TAX RATES (appears once per unit's fund/district combination) - Filename = TABRATES

Column	Start	End	Length	Туре	Comments/Format
County Code	1	3	2	Α	2 digit County Code
Unit Type Code	4	4	1	Α	1 digit Unit Type Code See Code List 1
Unit Code	5	8	4	Α	4 digit Unit Code
Fund Code	9	12	4	Α	4 digit Fund Code
					Must be 5 digits (eg 41026) The first 2 digits are the county
State Tax District Code	13	17	5		number. Refer to the Certified Tax Rate Order
Tax Rate	18	23	6	N	Format 2.4 (eg: 010015; Implied 01.0015)

TRAILER RECORD (the last record in each file)

Column	Start	End	Length	Type	Comments/Format
Record Id	1	10	10	Α	Constant value of "TRAILER"
Total Record Count	11	30	20	N	Total Number of Records excluding Header & Trailer

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Tax Adjustment Board Tax Rates

This file format should be used to submit data beginning in Pay 2010

HEADER RECORD (the first record in each file)

Column	Start	End	Length	Type	Comments/Format
FileName	1	18	18	Α	Filename (eg "FILENAME:TABRATES")
County Number	19	35	17	Α	2 digit County Number (eg "County Number: 09")
County Description	36	75	40	Α	County Name (eg "County Description: CASS COUNTY "
File Format ID	76	96	21	Α	"File Format ID: 2006A"
File Create Date	97	126	30	Α	mm/dd/yy format (eg File Create Date: 03/03/2005"
File Create Time	127	148	22	Α	eg "File Create Time: 1400"
Pay Year	149	162	14	Α	eg "Pay Year: 2006"
					eg "Transmission Description: Preliminary Data Submission - Test
Transmission Description	163	262	100	Α	II .

TAX RATES (appears once per unit's fund/district combination) - Filename = CERTDRATES

Column	Start	End	Length	Type	Comments/Format
County Code	1	3	2	Α	2 digit County Code
Unit Type Code	4	4	1	Α	1 digit Unit Type Code See Code List 1
Unit Code	5	8	4	Α	4 digit Unit Code
Fund Code	9	12	4	Α	4 digit Fund Code
					Must be 5 digits (eg 41026) The first 2 digits are the county
State Tax District Code	13	17	5		number. Refer to the Certified Tax Rate Order
Tax Rate	18	23	6	N	Format 2.4 (eg: 010015; Implied 01.0015)

ALL TAX & CREDIT RATES (appears once per unit's fund/district combination) - Filename = ALLCERTDRATES)

Column	Start	End	Length	Type	Comments/Format
County Code	1	3	2	Α	2 digit County Code
					Must be 5 digits (eg 41026) The first 2 digits are the county
State Tax District Code	4	8	5	Α	number. Refer to the Certified Tax Rate Order
Total Tax Rate	9	14	6	N	Format 2.4 (eg: 010015; Implied 01.0015)
SPTRC Real & Non-Business PP	15	20	6	N	
SPTRC Business PP	21	26	6	N	
State Homestead	27	32	6	N	
COIT Homestead	33	38	6	N	

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Property Tax Input-Output File Format Requirements

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Tax Adjustment Board Tax Rates
This file format should be used to submit data beginning in Pay 2010

TRAILER RECORD (the last record in each file)

Column	Start	End	Length	Type	Comments/Format
Record Id	1	10	10	Α	Constant value of "TRAILER"
Total Record Count	11	30	20	N	Total Number of Records excluding Header & Trailer

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Tax Adjustment Board Tax Rates

This file format should be used to submit data beginning in Pay 2010 **HEADER RECORD (the first record in each file)**

Column	Start	End	Length	Туре	Comments/Format
FileName	1	18	18	Α	Filename (eg "FILENAME:TABRATES")
County Number	19	35	17	Α	2 digit County Number (eg "County Number: 09")
County Description	36	75	40	Α	County Name (eg "County Description: CASS COUNTY "
File Format ID	76	96	21	Α	"File Format ID: 2006A"
File Create Date	97	126	30	Α	mm/dd/yy format (eg File Create Date: 03/03/2005"
File Create Time	127	148	22	Α	eg "File Create Time: 1400"
Pay Year	149	162	14		eg "Pay Year: 2006"
					eg "Transmission Description: Preliminary Data Submission - Test
Transmission Description	163	262	100	Α	

STATE UTILITY ASSESSMENTS (appears once per Taxpayer/district combination) - Filename = UTILITYAV

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Column	Start	End	Length	Type	Comments/Format
TaxPayer Name	1	41	40	Α	Company/Organization Name
Contact Name	42	81	40	Α	
Address	82	156	75	Α	
City	157	186	30	Α	
State	187	188	2	Α	
Zip Code	189	198	10	Α	Format XXXXX-XXXX
					Must be 5 digits (eg 41026) The first 2 digits are the county
DLGF Taxing District	199	203	5	Α	number. Refer to the Certified Tax Rate Order
Uncontested DLGF Distributable	204	215	12	N	
Contested DLGF Distributable	216	227	12	N	

TRAILER RECORD (the last record in each file)

Column	Start	End	Length	Туре	Comments/Format
Record Id	1	10	10	Α	Constant value of "TRAILER "
Total Record Count	11	30	20	N	Total Number of Records excluding Header & Trailer

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Property Tax Input-Output File Format Requirements

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Tax Adjustment Board Tax Rates

This file format should be used to submit data beginning in Pay 2010 **HEADER RECORD** (the first record in each file)

Column	Start	End	Length	Type	Comments/Format
FileName	1	18	18	Α	
County Number	19	35	17	Α	County Number: 09
County Description	36	75	40	Α	
File Format ID	76	96	21	Α	
File Create Date	97	126	30	Α	
File Create Time	127	148	22	Α	
Pay Year	149	162	14	Α	
Transmission Description	163	262	100	Α	

STATE RAILROAD ASSESSMENTS (appears once per Taxpayer/district combination) - Filename = RAILAV

Column	Start	End	Length	Type	Comments/Format
TaxPayer Name	1	41	40	Α	Company/Organization Name
Contact Name	42	81	40	Α	
Address	82	156	75	Α	
City	157	186	30	Α	
State	187	188	2	Α	
Zip Code	189	199	11	Α	Format XXXXX-XXXX
Line Description	200	249	50	Α	
					Must be 5 digits (eg 41026) The first 2 digits are the county
DLGF Taxing District	250	254	5	Α	number. Refer to the Certified Tax Rate Order
Track Value	255	266	12	N	
Personal Property AV	267	278	12	N	
Improvements	279	290	12	N	
Contested DLGF Distributable	291	302	12	N	

TRAILER RECORD (the last record in each file)

Column	Start	End	Length	Type	Comments/Format
Record Id	1	10	10	Α	Constant value of "TRAILER "
Total Record Count	11	30	20	Ν	Total Number of Records excluding Header & Trailer

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